

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6129

CERTIFICATE OF DEATH

15 DEATH 86 D 2 SIDENCE	BIRTH NO.		1. PLACE OF DEATH A. COUNTY <u>Yuma</u>		2. USUAL RESIDENCE A. STATE <u>Arizona</u> B. COUNTY <u>Yuma</u>		REGISTRAR'S NO. <u>173</u>
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) <u>Yuma, rural</u>		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>27 yr</u> <u>27 yr</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>Yuma, rural</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>Yuma General Hospital</u>
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Yuma General Hospital</u>		3. NAME OF DECEASED A. (FIRST) <u>EDDIE</u> B. (MIDDLE) C. (LAST) <u>GAST</u>		4. SEX <u>Male</u>	5. COLOR OR RACE <u>White</u>	
1 + 1 NAT A 63 6 051 222 SE TH 18) 0	6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>Dec</u> DAY <u>15</u> YEAR <u>1887</u>		8. AGE YEARS <u>63</u> MONTHS <u>9</u> DAYS <u>18</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Cook and Waiter.</u>
	9B. KIND OF BUSINESS OR INDUSTRY <u>Resturant</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Virginia</u>		11. CITIZEN OF WHAT COUNTRY? <u>USA</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>no</u>
	14A. FATHER'S NAME <u>James Gast</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Ireland</u>		15A. MOTHER'S MAIDEN NAME <u>Nancy A. Grey</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Germany</u>
16. INFORMANT'S SIGNATURE <u>Greenwood Mortuary, San Diego, Calif.</u>		ADDRESS		17. DATE OF DEATH (MONTH) <u>October</u> (DAY) <u>3</u> (YEAR) <u>1951</u>			
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTION.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B) STATING THE UNDERLYING CAUSE LAST. <u>Arrhythmia fibrillation</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH <u>5 yr 10 mo</u>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)			
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Sept 3 1951</u> TO <u>Oct 3 51</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>Oct 3 1951</u> AND THAT DEATH OCCURRED AT <u>7:55P.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE <u>Marie Nelson</u>		23B. ADDRESS <u>Yuma Ariz</u>		23C. DATE SIGNED <u>10/6/51</u>	
24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>10/8/51</u>		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>San Diego, Calif.</u>	
25A. DATE REC'D BY LOCAL REG. <u>10-8-51</u>		25B. REGISTRAR'S SIGNATURE <u>Marie Nelson</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>The Johnson Mortuary</u>		ADDRESS <u>Box 310</u>	
				27. EMBALMER'S SIGNATURE <u>O. Johnson</u>		CERT. NO. <u>19A</u>	